

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017548

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1142

FILED APR 27 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		c. CITY OR TOWN DE SOTO	
Length of stay in lb 7 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSP VETERANS ADMINISTRATION		d. STREET ADDRESS (If outside, give location) 111 E. 2ND STREET	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BENJAMIN Middle F. Last LUCAS		4. DATE OF DEATH Month April Day 10 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-7-91
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months 70 Days 70	IF UNDER 24 HR Hours 70 Min. 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ANYKIND	
11. BIRTHPLACE (City and state or country) FRANKLIN CO., MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE W. LUCAS		13b. MOTHER'S MAIDEN NAME ELIZABETH VENABLE	
14. NAME OF HUSBAND OR WIFE GERTRUDE LUCAS		Address MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT GERTRUDE LUCAS, 111 E. 2ND ST, DE SOTO,		Address MO.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA, STAPHYLOCOCCUS		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY FIBROSIS		20 YEARS	
DUE TO (c) PULMONARY TUBERCULOSIS, INACTIVE		20 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) COR PULMONALE		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:30 a.m. AM Month, Day, Year 4-3-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION VAH JEFFERSON BARRACKS, MO.	
21. I attended the deceased from 4-3-62 to 4-10-62 and last seen on 4-10-62		Death occurred at 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) W. ORTLEY, Chief of Staff, MD		22b. ADDRESS VAH JEFFERSON BARRACKS, MO.	
22c. DATE SIGNED 4-10-62		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
23b. DATE 4/13/62		23c. NAME OF CEMETERY OR CREMATORY MASONIC	
23d. LOCATION (City, town, or county) BLACKWELL		(State) MO	
24. FUNERAL DIRECTOR MAHN Funeral Home		25. DATE RECD. BY LOCAL REG. 4-12-62	
ADDRESS De Soto, Mo		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 27 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herald J. Mahoney

Licensed Embalmer No. 4-975

P. O. Address

Box 1070, SMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.